

Social Media and the Mental Health of British Adolescents



Dr Bernadka Dubicka
Chair child and adolescent faculty
Royal College of Psychiatrists
Honorary reader University of
Manchester
Consultant Pennine Care Foundation
Trust
Prague 2019



a difference
together



THE GOOD THE BAD AND THE UGLY



*Children and adolescents
have the most to gain
and are most at risk from
digital technologies ->
?moral panic*

Opinion

Sport

Culture

Lifestyle

More ▾

S Americas Asia Australia Middle East Africa Inequality Cities Global development

🕒 This article is more than 6 months old

Screen time has little effect on teenagers' wellbeing, says study

Researchers found screen use before bedtime to be unrelated to mental health problems



Advertisement

Molly Russell: Instagram extends self-harm ban to drawings

By Angus Crawford
BBC News

28 October 2019



Girl, 14, who took her own life was sent self-harm images even after her death



Kate Buck Sunday 27 Jan 2019 3:56 pm



407
SHARES

The father of a 14-year-old girl who took her own life has said that he believes social media played a part in his daughter's death.

Molly Russell 'showed no obvious signs' of severe mental health issues before she was found dead in her bedroom in November 2017, her dad Ian said.

After her death, her family discovered she had been 'suggested' disturbing posts on Instagram and Pinterest about anxiety, depression, self-harm and suicide.

Department for Digital, Culture, Media & Sport, Home Office, Online Harms 2019



- UK survey of 2,162 16- to 25-year-olds
- ***57%: social media creates an 'overwhelming pressure' to succeed***
- 48% more anxious about their future when seeing the lives of their friends online
- 50% report being more anxious than a year ago

Ofcom 2017, UK

- 12% bullied online
- 1 in 10: uncomfortable sexual content online

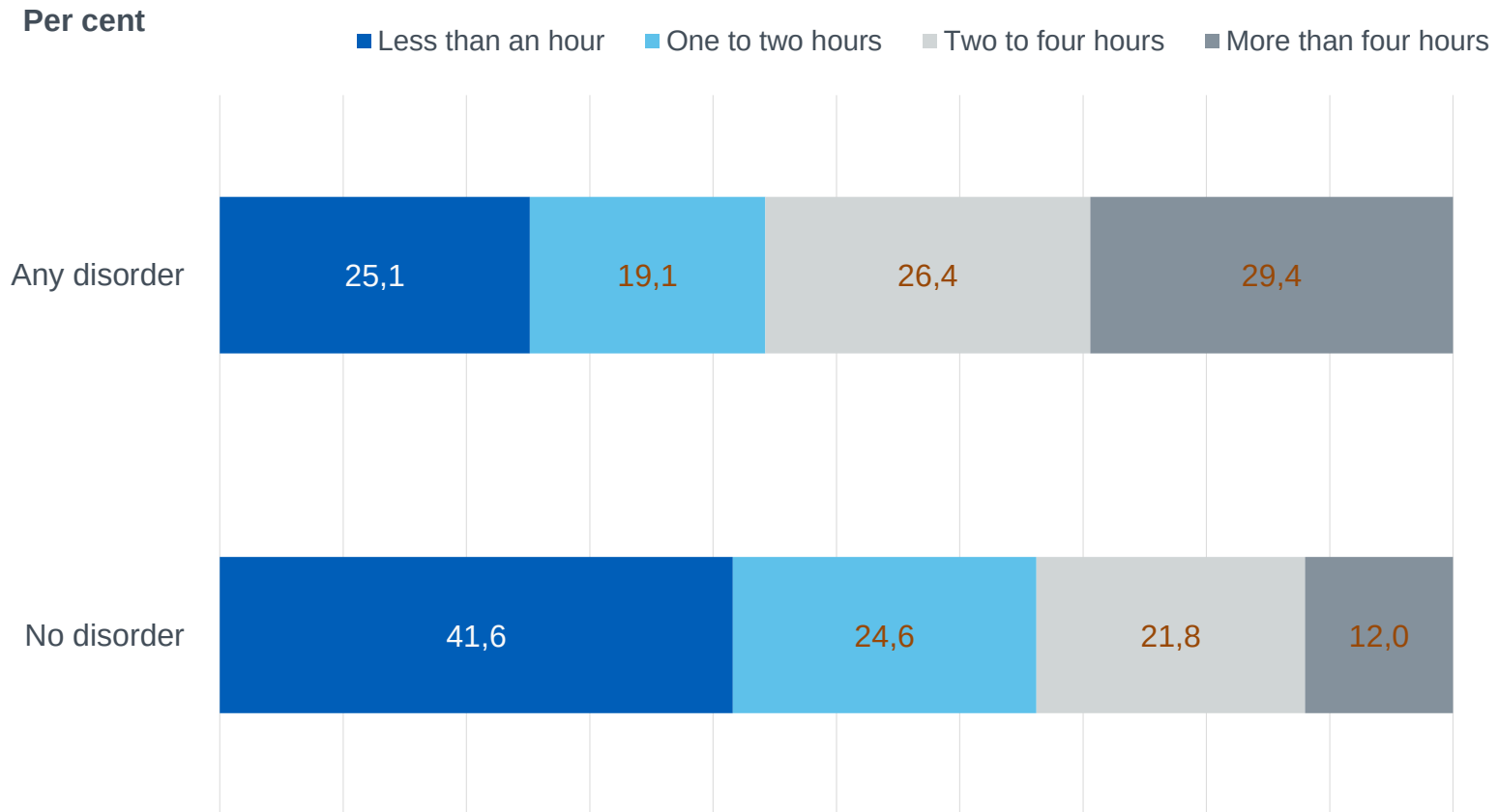
NHS Digital prevalence survey 2018

Emotional disorders, 1999 to 2017



Source: NHS Digital. 5 to 15 year olds identified with a mental disorder, England.

11 to 19 year olds with a disorder spend more time on social media

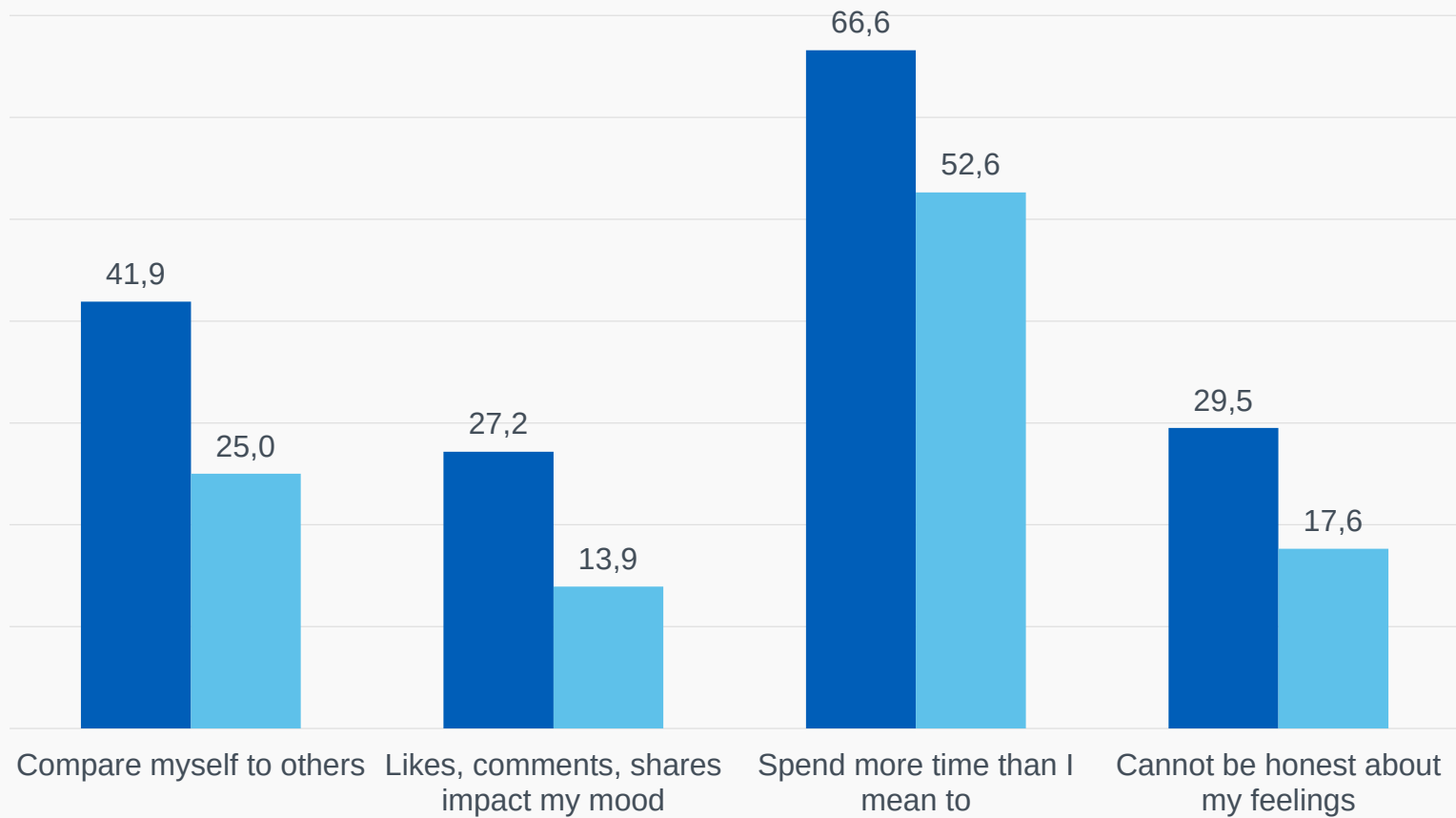


Source: NHS Digital. 11 to 19 year olds, England.

Perceived impact of social media

Per cent

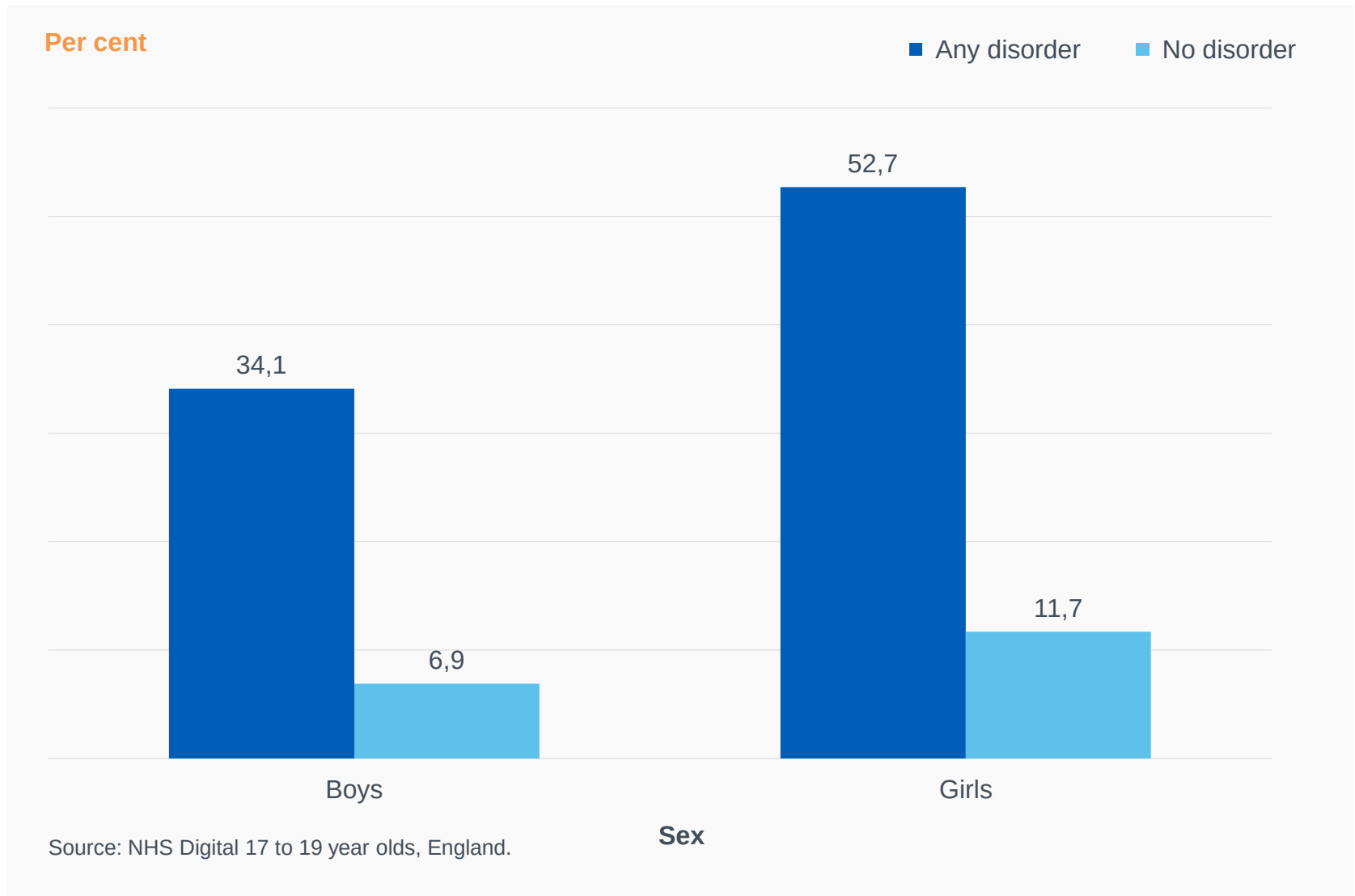
■ Any disorder ■ No disorder



Source: NHS Digital. 11 to 19 year olds, England.

Impact statement

15.4% of 17 to 19 year olds had ever self-harmed or attempted suicide



Suicide-related internet use



Suicide related internet use

26%

13%



Searched the internet for
information on suicide
method

13%

8%



Visited websites that may
have encouraged suicide

4%

Uncommon



Communicated suicidal ideas
or intent online

10%

6%



Victims of online bullying

7%

Uncommon

Internet and social media

Odgers Nature 2018

- **Risks amplified in vulnerable adolescents**

e.g.

- Teens from lower income households spend ~3 hours more a day on screens vs higher incomes (Commonsense media 2015)
- European study: wealthier parents more likely to “actively mediate” screen time (Mascheroni, 2014)

Social media & screens: effects controversial

- Royal College Paediatrics Child Health (2018): ***little evidence*** for effect on screen time on mental health
- Chief Medical Officer (2019): ***‘pre-cautionary’*** approach
- Science & Technology Committee (2019): evidence limited, but:
 - ‘social media: large degree of amplification..particularly in the case of the abuse of children online.’***
 - ‘children must, as far as practicably possible, be protected from harm’***
 - ‘comprehensive, joined-up approach to address the plethora of negative effects is needed’***

Science & Technology Committee: Issues with data (2019)

- ‘Screen-use’ & ‘Screen-time’ poorly defined:
what screen was being used for & *type* of screen
- Self-reporting: under reporting

?average number smartphone checks/day

- Missing: “***context*** of screen use & ***content***; may ***have much greater impact than quantity alone***”
- Limited understanding of who is at risk & if some groups are more vulnerable

WHO guidelines for young children 2019

GUIDELINES ON
PHYSICAL ACTIVITY,
SEDENTARY BEHAVIOUR
AND SLEEP | FOR CHILDREN
UNDER 5 YEARS OF AGE



<1 year:

Screen time: ***not recommended.***

Ages 1-4:

Screen time: max 1 hour; ***less better***

‘Potential benefits of reducing sedentary screen time & time spent restrained outweigh possible harms or costs & may increase

health equity by improving health outcomes.’

RCPsych: technology paper in press

- Endorse previous recommendations
- ***Content and context***
- Growing evidence base incl ***addiction***
- ***Pre-cautionary approach***
- Especially for ***vulnerable groups*** e.g. those with mental illness, in care, very young
- However, technology ***not principle driver of mental illness in CYP e.g. poverty, abuse***
- Recommendations for CYP, parents, clinicians, teachers, government, tech companies, researchers

The “online brain”: how the Internet may be changing our cognition

Joseph Firth^{1,3}, John Torous⁴, Brendon Stubbs^{5,6}, Josh A. Firth^{7,8}, Genevieve Z. Steiner^{1,9}, Lee Smith¹⁰, Mario Alvarez-Jimenez^{3,11}, John Gleeson^{3,12}, Davy Vancampfort^{13,14}, Christopher J. Armitage^{2,15,16}, Jerome Sarris^{1,17}

- Constant information may impair ***attention*** (“media multi-tasking”) & ***memorising***
- CYP with xs internet use: ***impaired brain & verbal development***

(Takeuchi, Hum Brain Mapp, 2018)

- ***SM publicizes acceptance/rejection*** e.g. “friend requests”; “likes” & upward social comparisons: negative evaluations of self -> dep/anx

Review of the relationship between internet use, self-harm and suicidal behaviour in young people:

Marchant, *PLoS ONE*, 2017

- Systematic review, 46 studies
- Particularly associated with ***internet addiction, high levels of internet use, and websites with self-harm or suicide content***
- Harms: ***normalisation, triggering, competition, contagion***
- Also potential to exploit its benefits (***crisis support, reduction of social isolation, delivery of therapy, outreach***)

7 Pillars of Safety



Towards an Internet Safety Strategy

5Rights Foundation

January 2019

5Rights

1. **Parity of Protection:** online & offline
 2. **Design Standards:** Safety, privacy, security
 3. **Accountability:** e.g. transparency, regulator powers, health warnings, research access to data
 4. **Enforcement**
 5. **Leadership in government & global**
 6. **Education**
 7. **Evidence based approaches:** need research but need immediate action to protect users & promote children's wellbeing
- Habits learnt in childhood are difficult to unlearn*

5Rights: Evidence from children & vulnerable groups

- Community *rules* with *enforcement*
- Stopping or *slowing the spread of abuse*
- *Timelines for reporting* and resolution
- *Support*
- Content *labelling*: age rating, content warnings etc
- *Guidance* on a balanced digital life, and the potential risks associated with overuse
- *Default settings that support and promote wellbeing*
- *Transparency* on how online platforms make money
- Easy ways to *take content down*
- High default *privacy* settings
- Ability to *easily review and revise* their digital footprints

Next steps: UK

- Government White Paper consultation: discusses wide range of harms
- Proposal for regulator, statutory duty of care, fines (cf Germany), age verification, safety by design, education etc
- ***Freedom of expression vs protection***

Precautionary principle & policy making

Hughes J Medicine & Philosophy 2006

‘..science sets high standards of evidence. Hypotheses ..accepted only when the statistical likelihood of error is less than 5%.....inappropriate in many practical contexts...e.g. would not go out without a coat on a day when heavy rain is forecast because confidence in that forecast is 90% rather than 95%.....since the burden of carrying a coat is small I will probably take it with me even if I think the forecast is quite likely to be wrong.

In the case of regulating activities with the potential to cause serious harm, the costs of both action and inaction are higher and may need to be carefully weighed...

To refrain even from weighing up the risks from (social media) against the costs of regulation because that we are less than 95% confident that the threat of harm is real would seem positively irresponsible’

discuss...how much evidence is needed before we intervene?

Thank you

bernadka.dubicka@manchester.ac.uk